

## **CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							The same	FILE NUMBER
1. IS THIS AN AMENDMENT?	@ No	☐ Yes If Yes	, please en	iter the file n	umber ir	this box	$\rightarrow$	
SECTION A. CANDIDATE	INFORM	MATION: Fill	in all app	licable box	es as fu	lly and a	ccurate	ely as possible.
2. Last Name	First	Name	Middl	e Name	Nici	kname		3. Type of Committee (Check one)
\$1Ble		Terry		5				☐ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address 4659 OWLS	Nes	+ Plan	ce	5. FAX (Opt	ional)		6. E-mail A	Notices (Optional)
7. City Lamps	State IN	462KY	8. County	2 in al	9. Telepho	ne (Day)	920	10. Telephone (Evening)
11. Party Affiliation		1000		- 0 .	(Include di	Strict number	r if any No	of required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ Reput	olican 🛮 O	ther						ICIL DISTRICT 10
SECTION B. COMMITTEE								
13. Full Name of Committee (Do not about		☐ Check if this is a		nousie sen	00 40 76	ii, airtare	Coline	ory do possibler
TriewDS  14. Malling Address	0+	Jem		de PAV (O	1' D		40 5 11	Address (0.151)
4659 OWLS	West			15. FAX (Op	)		io. E•maii	Address (Optional)
17. City	State	ZIP Code	18. County	-11	19. Teleph	one		0. Committee Organization Date
TWOOS	m	46254	IMA	MOW	ZD	387	9934	MM-DD-YY/2-29-15
21. Chairperson's vull Name Designate Candidate as Chairperson Check if this is a new chairperson								
22. Mailing Address				23. FAX (Op	tional)	ŀ	24. E∙mail	Address (Optional)
25. City	State	ZIP Code	26. County	()	27. Teleph	one (Day)		28. Telephone (Evening)
20. Oity	State	ZIF Code	20. County		(	)		( )
29. Bank or Other Depositories (List all	banks or oli	her depositories in v	which the comm	nittee deposits fu	nds, holds a	occounts, ren	ts safety d	eposit boxes or maintains funds.)
30. Exploratory Committee (Give brief state	ement explaini	ing purpose of an explor	atory committee o	nly.) 31. Salarie reimburser	s and Rein ment for lost	nbursement wages? If Y	s (Will the e	committee pay the candidate a salary or a copy of the contract.)
SECTION C. APPOINTME	NT OF T	REASURER	/IC 3-0-1-1	14)	747 10		-	THE RESERVE OF THE PARTY OF THE
32. I, as Chairperson of th						Signature of	f the Com	mittee Chajfperson
committee, appoint the followin Treasurer of the Committee.	g person	as Te	rry	BIBE	,	(	Ve	y Bible
33. Treasurer's Full Name Design	ate candida	te as treasurer BIB		is a new treasure	er			
34. Mailing Address	is a new add	CONTRACTOR OF THE CONTRACTOR O		35. FAX (O)	tional)	1	36. E-mail	Address (Optional)
			•	( )				90 28 W90
37. City	State	ZIP Code	38. County		39. Teleph	one (Day)		40. Telephone (Evening)
SECTION D. ACCEPTANC	E OF A	PPOINTMEN'	T (IC 3-9-1	-15)	7	1		
41. I give notice that I accept					nis Siana	ture of Per	son/Adc	enting Annointment
Committee. I am not the chairp permitted for a candidate committed	erson of	a campaign fin	ance comm	ittee (except	as	C	K/L	in Isle
SECTION E. CERTIFICAT				1000				FOR OFFICE USE ONLY
We certify as the candidate and examined this statement. To the b	d the dul	y appointed Ch	nairperson o	of the Comm	ittee and	that we	have	
42. Typed or Printed Name of Cha	irperson	Signature of	Chairpersor	Sale		e (MM-DD-YY	2	FILED
43. Typed or Printed Name of Can		Signature	Candidate	1		e (MM-DD-YY		JUN 3 0 2015
Varning: State law required that apple	1 Ble	Ju	ly D	<u>su</u>	1	0-29~	10	Myla a. Eldridge
Warning: State law requires that any cl who knowingly files a fraudulent report of report as required by the Indiana Campai	commits a Cogn Finance	class D felony (IC 3	R-14-1-13). A p	erson who fails t	o file a con	plete or acc	erson curate o civil	ryla a. Eldridge
penalties (IC 3-9-4-16, IC 3-9-4-17, and It	3-9-4-18).							